

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059461

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** 8FIVE0 CONSULTING, MARKETING & MANAGEMENT L.L.C.

**Current Principal Place of Business:**

785 BRIAN LN  
FOREST PARK, GA 30297

**New Principal Place of Business:**

785 BRIAN LANE  
FOREST PARK, GA 30297

**Current Mailing Address:**

785 BRIAN LN  
FOREST PARK, GA 30297

**New Mailing Address:**

785 BRIAN LANE  
FOREST PARK, GA 30297

**FEI Number:** 68-0651912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAWYERR, AKINREMI  
785 BRIAN LANE  
FOREST PARK, FL 30297 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SAWYER, AKINREMI  
Address: 4662 RUSSELLS POND LN.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR ( ) Delete  
Name: MICKENS, BRANDON F  
Address: 3836 CASTLEBERRY DR.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete  
Name: GEE, CHARLES  
Address: 207 MARY BROWN RD  
City-St-Zip: QUINCY, FL 32352

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SAWYER, AKINREMI  
Address: 785 BRIAN LANE  
City-St-Zip: FOREST PARK, GA 30297

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AKINREMI SAWYERR

MGR

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date